

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND
TAX STATEMENT TO:

NAME

STREET
ADDRESS

CITY, STATE &
ZIP CODE

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

RESTRICTIVE COVENANT MODIFICATION

I (we) _____ have
an ownership interest of record in the property located at _____
_____ (Address) that
is covered by the document described below. The following referenced document contains a restriction based on
race, color, religion, sex, familial status, marital status, disability, national origin, source of income as defined in
subdivision (p) of Section 12955, or ancestry that violated state and federal fair housing laws and that restriction
is void. Pursuant to Section 12956.2 of the Government Code, this document is being recorded solely for the
purpose of eliminating that restrictive covenant as shown on page(s) _____ of the document recorded on
_____ (Date) in book _____ and page _____, or instrument number _____
of the official records of the County of San Bernardino.

The document referenced above was originally indexed in the following manner and this document shall be
indexed in like manner pursuant to Section 12956.2 (e):

The effective date of the terms and conditions of this modification document shall be the same as the effective date
of the original document referenced above.

(Signature)

(Signature)

(Printed Name)

(Printed Name)

STATE OF _____

COUNTY OF _____

On _____ before me,

a Notary Public/County Clerk (circle one) for said County and State,
personally appeared

proved to me on the basis of satisfactory evidence to be the person(s)
whose name(s) is/are subscribed to the within instrument and
acknowledged to me that he/she/they executed the same in his/her/their
authorized capacity(ies), and that by his/her/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of
California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Approved as to form:
San Bernardino County Counsel

By: _____
Deputy County Counsel Date

Seal